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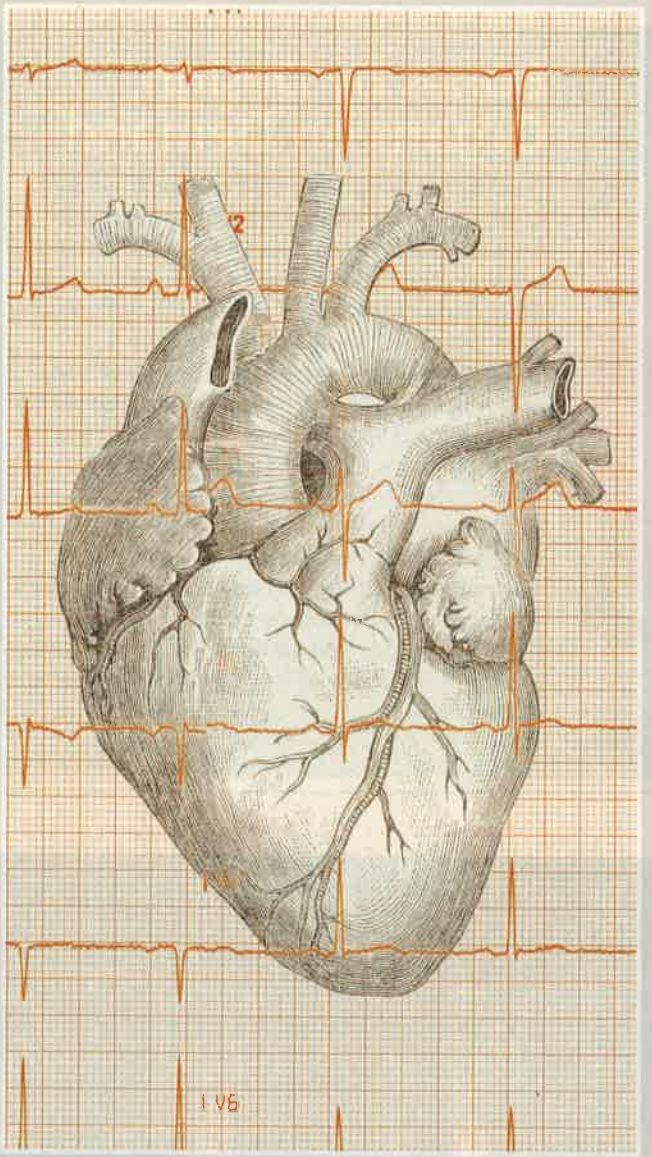
SPECIAL ISSUE EXCERPT

A Family Secret

WHEN HIS MOTHER'S HEALTH IS ON THE LINE, A PHYSICIAN'S OBJECTIVITY MIGHT VANISH — BUT NOT HIS POWERS OF OBSERVATION.

BY **TONY DAJER**



I know the moment it started. Seven years ago, my mother and I were strolling — not briskly — by my hospital. As we chatted, it hit me that something was amiss.

"Mom, are you OK?" I asked.

"I'm fine, why?" she replied, her chest heaving.

"Are you out of breath?"

"Oh, I'm just out of shape." She smiled and batted her right hand to wave me off. At 71, my mother is an expert denier, but she has had her share of serious medical issues, including lupus — an autoimmune disease that can target almost every organ — and a stroke that rendered her left arm nearly useless. An accomplished piano teacher, she still managed to resume teaching. She never met a symptom she wouldn't rather ignore.

"You're out of breath." I wasn't asking anymore.

My three children will attest that their father is a champion minimizer himself, whose benchmark for declaring perfect health in family members is having a pulse. If Mom's shortness of breath was getting my attention, then it was serious.

My first thought was an impending heart attack.

Any doctor who thinks chest pain is the only unfailing symptom of heart disease is going to kill patients. Only half of heart attacks in women are heralded by chest pain. In men and women older than 65, the percentage is even smaller. So-called "atypical" symptoms range from shortness of breath to left *and* right arm pain, dizziness, upper abdominal pain and back pain.

Of that list, shortness of breath is the most common. Why would clogged coronary arteries leave you short of breath? The classic symptom, angina, is the pain that comes when heart muscle is starved for oxygen. But lack of oxygen can also make heart muscle stiffen, causing fluid to back into the lungs. Why one person might suffer pain and another might experience breathlessness isn't known, but it is the subtlest of those atypical symptoms, and sometimes easy to overlook.

Not going to fool me, though, I thought.

Still, having learned the hard way that objectivity vanishes when it comes to family and friends, I called my favorite cardiologist, hoping he could take a look at Mom.

"I'm booked," he explained. "Do you need me to see her now?"

"Now," I answered. "I think this is new."

"Bring her up."

Forty-five minutes after delivering my mother to the exam room, they called me in.

"She's OK," came the objective verdict.

My colleague had done an electrocardiogram (EKG), a noninvasive test to measure the heart's electrical activity and look for underlying problems, including damage to the heart muscle and signs of blockage or impeded blood flow.

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In addition, the cardiologist questioned her closely and performed a detailed exam. The result and her symptoms, he concluded, didn't suggest that Mom was on the verge of a heart attack.

While I initially breathed a sigh of relief, over the months that followed, Mom's breathing steadily worsened. I wrote it off to some smoking in her 20s, and to the past episodes of fluid buildup around her lungs due to the lupus. Both can cause chronic, progressive scarring to the lungs. Repeatedly, Dad took her to the best lung specialists in town. They determined the problem was emphysema and treated it accordingly: with inhaled bronchodilators and powerful steroids when needed. And she did seem to need them. One time, just walking to the kitchen, Mom panicked, threw her head back and gulped air while her right hand clutched at her throat. Dad rushed over with her inhaler, and after a few puffs she seemed to settle down.

But something nagged at me.

Mom hadn't smoked *that* much. Plus, during the kitchen episode, she had not wheezed. For that matter, I had *never* heard her wheeze. In emphysema, wheezing is caused by the collapse of small airways during exhalation — the result of surrounding supportive tissues being destroyed by years of cigarette smoke. Absence of wheezing doesn't *always* mean absence of emphysema, but close enough that it made me wonder. Mom, however, claimed sometimes she did wheeze and that the inhalers helped.

Whenever my father summarized her doctor visits, I'd ask: How do they know she has emphysema? The less-than-satisfying answer was that, since her symptoms were so obvious, they apparently saw no need to perform standard pulmonary function tests — an automated measure of lung function. So we sought yet another opinion at Boston's Brigham and Women's Hospital, a world leader in pulmonary medicine. But even they came back with the same treatment plan: Keep doing what you're doing.

Over the next few years, I watched Mom slowly lose function. We're big on Christmas vacations; my three sisters and I, spouses, and 10 cousins all get together. During those gatherings, it was hard to overlook Mom's decline. Last year, when we toured a lakeside boardwalk, Mom got so out of breath that her now-strapping grandsons had to hoist her in an arm-carry to the car. Laughing the whole way, she announced, "Look! I'm the queen mother!"

While I admired her pluck, I was dismayed by her confounding symptoms. The stroke had damaged coordination in her left foot, which led to chronic pain. The less she walked, the more deconditioned — and short of breath — she got.

Six months ago, she endured a bout of "emphysema" so severe that her pulmonologist put her on high-dose steroids and aggressive inhalers — a classic double-down strategy. Horrified at such high doses of steroids, Mom stopped taking them and, surprisingly, did OK.

MY THREE CHILDREN WILL ATTEST THAT THEIR FATHER IS A CHAMPION MINIMIZER, WHOSE BENCHMARK FOR DECLARING PERFECT HEALTH IS HAVING A PULSE. IF MOM'S SHORTNESS OF BREATH WAS GETTING MY ATTENTION, THEN IT WAS SERIOUS. AND MY FIRST THOUGHT WAS AN IMPENDING HEART ATTACK.

A few weeks later, while we were all staying at my sister's in Boston, Mom padded out of her room in the morning and remarked, "You know, I had a little pain last night. Here."

She rubbed the middle of her chest.

Which is when the past seven years suddenly made blinding, forehead-smacking sense: Yes, this had to be heart disease, and yes, despite the occasional brain-freeze, sometimes you are the best doctor for your family.

We saw a nearby cardiologist the next day. I relayed my suspicions. Two days later, he placed her on a treadmill and did a simultaneous EKG. This time, the EKG showed the telltale changes of decreased blood flow through the coronary arteries. The next step was a coronary angiogram, where a catheter is threaded up the femoral artery, and dye is injected into the three coronary arteries to see any blockages.

The procedure showed severe, long-standing blockage: One of the three arteries—completely clogged — was being fed by a small collateral artery coming off a branch of its neighbor. A second artery was severely narrowed. Her heart had been starved of oxygen for so long that it had essentially jury-rigged new plumbing to bypass the worst blockages. It's not clear why some people's bodies can form these collaterals and some can't. This imperfect solution had kept her alive, but it had also made her symptoms that much harder to pin down, and confounded earlier attempts at diagnosis. But it was clear now that her worsening symptoms indicated the collaterals were losing the battle.

After much hand-wringing, we proceeded with open-heart surgery. The idea is simple, though the technique takes years to master: Harvest a vein from the leg, attach one end to a small new opening in the aorta, the other to the coronary artery beyond the blockage, and presto! A new aqueduct brings fresh flow to a parched watershed. Short version: After seven years of misdirection and uncertainty, Mom got two new pipes.

She gained much more than that, of course. Six months later, I am happy to report, though she certainly deserves one, Mom has no more need of a queen mother's carriage. MM